

IFW



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	1600/92
Application Number	10/821,213
Filing Date	April 8, 2004
First Named Inventor	David L. Hoyt
Group Art Unit	3711
Examiner	Layno, Benjamin

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> <b>Amendment / Response to Restriction/Election Req.</b> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> <b>Extension of Time Request (+duplic) &amp; Check No. 10151 for \$510</b> <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Submission of Drawings <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> <b>Post Card Receipt</b> <input type="checkbox"/> Additional Enclosure(s) (please identify below):  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-0930</u> . A duplicate copy of this sheet is enclosed.		

## CALCULATION OF FEE

					Small Entity		Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total	9	Minus	20	0	x \$25 =	0	x \$50 =	
Indep.	1	Minus	3	0	x \$100 =	0	x \$200 =	
First Presentation of Multiple Dep. Claim					+\$180 =	---	+\$360 =	
					total add'l fee	\$ 0	total add'l fee	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jeffrey A. Pine, Reg. No. 36,893 Attorney for Applicants BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature		Date:	May 1, 2006

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop: Amendment; Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:		May 1, 2006
Signature	 Jeffrey A. Pine	Date: May 1, 2006